STUDENT APPLICATION

Rotary Youth Leadership Awards Conference
Sponsored by Rotary Clubs of District 6560
March 14th – 16th, 2014

To be filled out by sponsoring Rotary Club:
Sponsoring Rotary Club Name:_____
Rotary Club Contact Name:_____
Contact Phone:_____
Email:_____

Attach Photo Here

Student Delegate: _____
(First, M.I., Last, Nickname)
High School Attending:_____ Grade Level: _____

Home Address: _____

City: _____ Zip: _____

Contact Phone: _____ (Home or Cell, please circle)

Birth Date: _____ Male: ____ Female: ____

Email:_____

In Case of Emergency call: Name:_____ Cell #:_____

PROVIDE BRIEF BIO OF APPLICANT BY COMPLETING BELOW OR PROVIDE STUDENT'S RESUME

Special Interests and Talents: _____
_____
_____

Awards (School/Civic): _____
_____
_____

Extra Curricular Club or Athletic Activities: _____
_____
_____

Leadership Positions: _____
_____
_____

PART ONE OF TWO

STUDENT APPLICATION

Rotary Youth Leadership Awards Conference
Sponsored by Rotary Clubs of District 6560
March 14th – 16th, 2014

DISTRICT 6560 RYLA HEALTH AND CONSENT FORM

Student Name:_____ Birth Date: _____ M____ F____
Parent or Guardian:_____ Phone: _____
Home Address: Street: _____ City: _____ Zip: _____
Home Phone: _____
Business Address: Street: _____ City: _____ Zip: _____
Business Phone: _____ Email:_____

If parent or guardian is not available, notify:

Name: _____ Phone: _____
Email:_____

Health History (To be completed by parent)

Disorders/Diseases **(approximate dates)**

						Allergies	
Ear Infections	_____	Rheumatic Fever	_____	Tonsillitis	_____	Hay Fever	_____
Heart Defect/Disease	_____	Chicken Pox	_____	Mononucleosis	_____	Poison Ivy	_____
Convulsions	_____	Measles	_____	Other Disorders	_____	Penicillin	_____
Diabetes	_____	German measles	_____	Strep Throat	_____	Insect Stings	_____
Bleeding Disorders	_____	Mumps	_____			Other Drugs	_____
Epilepsy	_____	Asthma	_____			Foods	_____

Operations or serious injuries (include dates)_____
_____
Chronic or recurring illnesses_____
_____
Other diseases or details of above_____
_____
List Medications _____
Name of Dentist/Orthodontist_____ Phone _____
Name of Family Physician_____ Phone _____
Family medical/hospital insurance carrier_____ Policy Number _____

IMPORTANT-- MUST BE COMPLETED FOR ATTENDANCE

Parent's Authorization: **This health history is correct as far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted by me and the examining physician. I hereby give permission to the physician selected by the camp director to order x-rays, routine tests and treatment for the health of my child, and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child as named above. Certain photos and video may be released to media, colleges, civic or school-related organizations and state or governmental agencies as well as published in programs or used in presentations for Rotary District 6560.**

Consent Granted, please sign below

Parent/Guardian Signature:_____

Witness:_____ Date: _____

PART TWO OF TWO